



Criteria for Rehabilitation and Prevention of Patients with Endogenous Psychoses

Ibragimova Muazam Holdorovna

Assistant of the department of psychiatry, medical psychology and narcology

Xushvaktova Dilnoza Hamidullaevna

Assistant of the department of psychiatry, medical psychology and narcology

Xayatov Rustam Batirbekovich

Assistant of the department of psychiatry, medical psychology and narcology
Samarkand State Medical University, Samarkand, Republic of Uzbekistan

Annotation: In the review of scientific literature carried out to study the state of psychosocial rehabilitation of patients with mental disorders and behavioral disorders, it was found that this subject area has an important research and organizational and methodological direction in psychiatry, has become an important part of the content of psychiatric care to the population. The obtained result of the scientific analysis of the subject area can be used in the practical activities of medical specialists in the organization of psychiatric care to the population, to compile educational programs to improve the professional qualifications of psychiatrists and medical psychologists. The review substantiates the relevance and novelty of research directions for further development of the problem of improving the organization and content of psychiatric care for patients with mental disorders and behavioral disorders.

Key words: endogenous psychoses, schizophrenia, rehabilitation

Introduction

According to WHO, endogenous mental disorders are characterized by the most severe socio-economic consequences.

From the point of view of this approach, biological, therapeutic effects aimed at the human body are an integral part of a comprehensive rehabilitation system that includes not only the treatment of mental illnesses, but also various psychotherapeutic approaches and social activities. F.B. According to the definition of Berezina [1], mental adaptation is "the process of establishing an optimal correspondence between a person and the environment in the process of carrying out activities inherent in a person that allows you to meet the real needs of a person and realize important goals related to them, while maintaining mental and physical health, while the mental activity of a person, his behavior and behavior in general." Ensures compliance of its actions with environmental requirements. At the same time, the author identifies three aspects in the systemic phenomenon of adaptation: psychophysiological, mental and socio-psychological. He also speaks about the complexity of the phenomenon of mental adaptation, which is actually interdisciplinary in nature [1].

Thus, in most works devoted to the development of the category of mental adaptation in the practical, medical and psychiatric aspect, theoretical constructions are carried out in three main



The Peerian Journal

Open Access | Peer Reviewed

Volume 15, February, 2023.
Website: www.peerianjournal.com

ISSN (E): 2788-0303
Email: editor@peerianjournal.com

directions: psychological or personal-psychological, biological or psychophysiological and social or personal-ecological [3].

The purpose of the study: to study the criteria for assessing the rehabilitation and prevention of patients with endogenous mental disorders.

Material And Methods Of Research

111 patients with endogenous mental disorders (according to the diagnostic sections of ICD-10: F20, F25 and F31) hospitalized in the Samarkand Regional Psychiatric Hospital were examined.

Of these, 87 people (60.8% of all examined patients) suffered from schizophrenia (49 patients, or 56.3% of this group, had a paranoid form of the persistent type; 21 patients, or 24.1%, had a paranoid form of the paroxysmal progressive type. of course, and 17 patients or 19.5% in normal form) Schizoaffective disorder (SAR) was diagnosed in 24 patients (16.8% of all examined patients), and bipolar affective disorder (BAR) was diagnosed in 32 patients (22.4% of all examined patients). Of the patients with schizophrenia, 63.2% are men (55 people) (Table.3) and 36.8% are women (32 people). In the group of patients with schizoaffective disorder, men make up 54.2% (13 people), women-45.8% (11 people). In the group of patients with bipolar affective disorder, men make up 56.2% (18 patients), and women -43.8% (14 patients).

The average age of patients with schizophrenia was 27.7 ± 8.1 years, the duration of the disease in patients with schizophrenia was 7.2 ± 4.9 years, duration. intensity 11.9 ± 7.7 months. The average age of patients with schizoaffective disorder was 29.9 ± 11.7 years, the duration of the disease in patients with schizoaffective disorder reached 8.6 ± 3.9 years, the duration of exacerbation was 5.4 ± 5.9 months.

The average age of patients with bipolar affective disorder was 38.4 ± 11.9 years, the duration of the disease in patients with bipolar affective disorder was 6.5 ± 3.8 years, and the duration of exacerbation was 5.9 ± 4.9 months.

Clinical-psychopathological (using psychometric methods), clinical-psychological, clinical-sociological and statistical methods of studying the material were used.

The study was of a complex nature, which corresponded to the modern concept of the biopsychosocial model of mental diseases, while the main method was a clinical and psychopathological method based on anamnesis data (age of onset, duration and course of mental disorders).

The primary data are recorded in a specially designed registration card, which is a set of various variables reflecting the patient's life history and illness, the current state of the patient at the time of examination, as well as psychological adaptive features and features of social functioning.

To determine the essence of social adaptation, the following methods were used, which made it possible to assess the nature of social activity of patients in point indicators. The Global Function Assessment Scale (GAF) [4] is a quantitative scale from 0 to 100 points, reflecting the evaluator's subjective assessment of the social, labor and psychological functioning of the subject. The measurement takes into account the patient's symptoms; therefore, it is not recommended to assess the patient's activity in an acute state. The scale does not include an assessment of the patient's physical condition, which is criticized by some authors [2].



The Peerian Journal

Open Access | Peer Reviewed

Volume 15, February, 2023.

Website: www.peerianjournal.com

ISSN (E): 2788-0303

Email: editor@peerianjournal.com

Modern approaches in psychiatry are characterized by the ever-increasing development of the rehabilitation direction. At the same time, the main provisions of the concept of rehabilitation of the mentally ill are that it describes not only prevention, treatment or rehabilitation, but to a greater extent a holistic, integrated approach to the patient, mediating everything for this. the therapeutic effect is through the patient's personality and is based on the complexity of the structure of the psyche. from various external relations of the individual [11].

In this regard, it is noted that a necessary condition for the effective rehabilitation of mentally ill people is "the development of a conceptual model of socially-oriented psychiatry, suggesting a link between the development and change of the system of services and changes. in beliefs and relationships between people involved in these services" [1].

The purpose of this study was to assess the biopsychosocial adaptation of patients with endogenous mental disorders and optimize the rehabilitation of this group of patients based on the data obtained.

In the course of the study, a comparative analysis of the features of clinical-psychopathological, clinical-psychological and social adaptive-compensatory components in the structure of the biopsychosocial activity model of patients with various endogenous psychoses was carried out. The interrelation of psychological, biological and social blocks of mental adaptation in the studied groups of patients was traced in the formation of the concept of individual functional profile of adaptation, differentiated assessment of the features of social functioning of patients in various fields. life is done.

The types of adaptive behavior characteristic of patients with various endogenous psychoses are described and the degree of their maladaptation is assessed. A comparative analysis of the quality of life in various endogenous psychoses in the dynamics of rehabilitation measures is carried out.

When analyzing the clinical and psychopathological component of biopsychosocial adaptation, the study revealed a pronounced development of the disease in patients with schizophrenia (all forms and types of course considered); with bipolar affective disorder, the course of the disease without exacerbation (prolonged and frequent seizures, the appearance of more severe forms with psychotic inserts) was observed in a quarter of observations; schizoaffective disorder, according to the criterion of progression, it occupied an intermediate position between bipolar affective disorder and schizophrenia and was closer to bipolar disorder.

In the groups of patients with schizophrenia and schizoaffective disorder, the severity of the mental state was average, and the overall PSS score did not exceed the average. There was a certain predominance of negative symptoms, but they did not reach the degree of severity, which in most cases indicates the absence of an obvious defect. The severity of the negative symptom complex in bipolar affective disorder was not evaluated due to the inability to correctly compare these indicators with schizophrenia and schizoaffective disorder.

According to the clinical global scale of impressions (CGI), the severity of psychopathological manifestations was assessed as "moderate" in the group of patients with schizophrenia and schizoaffective disorder, whereas in the group of patients with bipolar disorder at that time, a "mild disease" was diagnosed. from the exam.

When analyzing the clinical and psychological component of biopsychosocial activity, it is shown that regressive behavior that occurs continuously in normal and paranoid forms of schizophrenia has a passive life position. The nature of adaptive behavior of patients with paranoid schizophrenia



The Peerian Journal

Open Access | Peer Reviewed

Volume 15, February, 2023.

Website: www.peerianjournal.com

ISSN (E): 2788-0303

Email: editor@peerianjournal.com

of the paroxysmal-progressive type was more constructive than in patients with a continuous course of the disease. It turned out to be similar to saddag, which reflects the well-known proximity of the features of socio-psychological functioning in patients with paroxysmal forms of endogenous diseases. In patients with bipolar disorder, no significant violations of adaptive behavior were found in this study. Yu. According to the data obtained by V. Melnikov [8], patients with schizophrenia are diagnosed with painful and associated adaptive behavior. In the group of patients with affective pathology, more variants of regressive disorder-active and protective-closure were revealed. At the same time, it turned out that the pronounced development of the disease in patients with schizophrenia leads to the formation of an unfavorable variant of adaptive behavior, impaired functioning in the home environment and in the sphere of interpersonal relations. The continuous type of the course of the disease contributed to the formation of a regressive (protective-closed variant) type of adaptive behavior and led to violations in almost all spheres of social activity. In the group of patients with affective pathology, the constructive type of adaptive behavior (social variant) comes out in the first place in terms of frequency of occurrence.

A.P. in the study, N. Kotsyubinsky et al. demonstrated the predominance of constructive survival strategies when seeking social assistance in patients with endogenous psychosis, while the strategies of taking responsibility that were relatively constructive in patients diagnosed with bipolar disorder are pronounced the same.

The protective mechanism of the regression type reached a significant degree of severity in all comparison groups in the study. In the literature, when studying the features of psychological protection in patients with endogenous psychosis, a number of authors describe the predominance of mature, primitive means of protection, such as regression in patients with schizophrenia [6] jet formation [10]. indicates suppression and rationalization as the most common mechanisms of psychological protection in the diagnosis of schizophrenia. [8] found a predominance of reactive education in patients with bipolar affective disorder, while the compensatory mechanism was typical for patients with schizoaffective disorder.

When studying the social component of biopsychosocial activity, it was found that compensated levels of social adaptation are more often diagnosed in groups of patients with schizoaffective and more often bipolar affective disorder compared with patients with schizophrenia (regardless of the form and type of course). this is a disease). On the other hand, decompensated (conditional, partial and hospital) levels are mainly diagnosed in patients with schizophrenia.

The analysis of activities in various social spheres from the point of view of the presence or absence of specific signs of social activity showed that such diseases are diagnosed in such areas of social activity as marital relations, sexual relations, functioning in children and family. IAD and Bad showed better results compared to patients with schizophrenia. At the same time, when analyzing the spheres of social activity as a profession, work in the parental family (in the absence of marital relations), the nature of interpersonal communication, as well as the organization of everyday life, patients with schizophrenia showed similarities. With patients with IAD.

Assessment of social functioning using the approved GAF scale revealed greater social protection of patients with bipolar disorder compared to patients with schizophrenia and IAD.

Analysis of indicators of clinical-psychopathological, clinical-psychological and social adaptive-compensatory mechanisms in the process of constructing a functional profile of adaptation revealed significant differences in the biopsychosocial adaptive model diagnosed in patients with



The Peerian Journal

Open Access | Peer Reviewed

Volume 15, February, 2023.

Website: www.peerianjournal.com

ISSN (E): 2788-0303

Email: editor@peerianjournal.com

schizoaffective disorder, compared with patients with schizophrenia. bipolar disorder, which allows us to draw rational conclusions about the nosological isolation of schizoaffective disorder.

Correlation analysis based on the obtained data of the functional adaptation profile showed that in bipolar affective disorder there is no significant relationship between the existing clinical and psychopathological characteristics and the level of social adaptation, including the most important relationships between all components. In these patients, a psychological block was found between the clinical-psychological and social components of biopsychosocial activity. At the same time, patients with schizophrenia differ from each other by the predominant effect (or lack thereof) of clinical and psychopathological features or clinical, psychological and social adaptation (depending on the form of the disease and the type of its course). Thus, in patients with paroxysmal-progressive type of paranoid schizophrenia, a large "specific severity" of psychological mechanisms in interaction with social adaptation is shown, which is less pronounced with persistent schizophrenia (against the background of increased significance of clinical signs). the process), and the almost complete absence of interactions in patients with a simple form of schizophrenia (with the highest absolute values of indicators of psychological adaptation mechanisms). The nature of the interaction of clinical activity indicators was most pronounced in the latter group.

In accordance with the standards of care for patients with schizophrenia [6], when choosing a method of psychotherapeutic influence, it is preferable to use a psychological and pedagogical approach with elements of problem-solving techniques and teaching social skills used in cognitive activity. behavioral therapy [4].

Conclusions

1. Clinical and psychopathological (biological) features of the depth of mental trauma in patients with schizophrenia (psychopathological "saturation" according to the results of psychometric assessment) are important factors preventing further social adaptation of this group of patients.
2. In many respects, the psychological adaptive-compensatory characteristics that determine adaptive behavior are similar in terms of psychological defense mechanisms in patients with schizophrenia and schizoaffective disorder and are less constructive and adaptive than in patients with bipolar affective disorder.
3. Socio-adaptive-compensatory characteristics differ in patients with schizophrenia and schizoaffective disorder (differ from patients with bipolar affective disorder) by lower indicators (when assessing both general functioning and the level of achievement in various fields on the GAF scale). The characteristics of social adaptation are similar to those of patients with bipolar affective disorder.

References:

1. Index of anxiety and depression in patients with diabetes Eshdavlatov B.M., Odilova M.A., Nuritov N.R. Theory and practice of modern science. 2017. No. 5 (23). pp. 932-934.
2. Anxiety and depressive disorders and features of subjective control of personality in relation to health in patients with type 2 diabetes mellitus. Mukhtarenko S.Yu., Bobushova G.S., Murataliev T.M., Fedyay S.O. Bulletin of the Kyrgyz-Russian Slavic University. 2013. V. 13. No. 11. S. 108-111.



The Peerian Journal

Open Access | Peer Reviewed

Volume 15, February, 2023.

Website: www.peerianjournal.com

ISSN (E): 2788-0303

Email: editor@peerianjournal.com

3. Comparative analysis of psychodiagnostics of anxiety and depression in patients with comorbidities Margulis M.E., Poladov E.Sh., Mokasheva E.N., Makeeva A.V. Scientific review. Pedagogical Sciences. 2019. No. 5-4. pp. 93-97.
4. Khayatov R.B., Velilyaeva A.S. Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. No. 5 (59). pp. 39-41.
5. Khayatov R.B., Velilyaeva A.S., Abdurazakova R.Sh. Features of the occurrence and course of psychoorganic disorders in diabetes mellitus // Achievements of science and education. 2020. No. 7 (61). pp. 31-33.
6. Khayatov R.B., Velilyaeva A.S. Influence of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. // Doctor ahhborotnomasi. 2020, No4, pp.98-101.
7. Khayatov Rustam Batirbekovich, Velilyaeva Alie Sabrievna, & Kurbanov Anvar Alamovich. (2022). Psychopharmacotherapy of Depressive Disorders in Alcoholism. *Eurasian Journal of Humanities and Social Sciences*, 8, 19–22.
8. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , A. A. (2022). OPTIMIZATION OF THERAPY OF ALCOHOL WITHDRAWAL SYNDROME IN PATIENTS WITH SUB- DEPRESSION. *Eurasian Journal of Medical and Natural Sciences*, 2(5), 189–192.
9. Khayatov , R. B., Velilyaeva , A. S., & Kurbanov , . A. A. (2022). AFFECTIVE DISORDERS AS A WEIGHTENING FACTOR IN ALCOHOL DEPENDENCE THERAPY . *Eurasian Journal of Medical and Natural Sciences*, 2(5), 193–196.
10. Alamovich K. A., Batirbekovich K. R., Sabrievna V. A. Comorbid course of mental disorders in epilepsy //Asian Journal of Multidimensional Research. – 2022. – T. 11. – №. 5. – C. 70-75.
11. Khayatov Rustam Batyrbekovich, Velilyaeva Ali Sabrievna Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. №5 (59).
12. Rustam Batyrbekovich Khayatov, Aliya Sarievna Velilyaeva, Bobir Temirpulatovich Turaev, Tolib Makhmudzhanovich Turaev Affective disorders in patients with alcohol dependence as a risk factor for suicidal behavior // Achievements of science and education. 2019. №11 (52).
13. Khayatov, R., & Velilyaeva, A. (2022). The effect of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. *Journal Bulletin of the doctor*, 1(4), 99-102.
14. Murodova M. D. et al. FEATURES OF PHYSICAL AND SEXUAL DEVELOPMENT IN GIRLS WITH TYPE I DIABETES MELLITUS // VOL.–II. - 2019. - S. 316.